## **SEARCH OF BIRTHS**

## For children under 10 years of age Certified Copies issued to: PARENTS or LEGAL GUARDIANS (with proof)

NAME OF CHILD _				BIRTHDATE		
	First	Middle	Last			
PLACE OF BIRTH _				Number of Copies _		
		Hospital				
********	, , , , , , , , , , , , , , , ,	PARENT/GUAR	DIAN INFORMAT	TION	*****	
TODAY'S DATE _						
MOTHER'S MAIDE	<b>EN</b> NAME					
FATHER'S NAME _	First		Middle		Maiden	
ADDRESS			CITY,	STATE		
DRIVER'S LIC #						
HOME PHONE #						
YOUR RELATIONS						
	Pare	ent/Guardian				
SIGNATURE OF PE	RSON REQUESTING	G COPY				
(All requests mus	st be accompanied	l by a photocopy o	f parent's photo II	or the request w	ill be returned)	

FIRST COPY: \$12.00 \*\*\*\*\* EACH ADDITIONAL: \$4.00

**Checks or Money Orders payable to: MCHD** 

Please send a photocopy of ID, check or Money Order, plus signed completed form to:

McLean County Health Department Attn: Registrar 200 W Front Street Rm 304 Bloomington IL 61701

If you have questions, please phone 309-888-5481. We only provide birth certificates for children under age 10, born in McLean County. For anyone older than 10, please check the McLean County Clerk's website: http://mcleancountyil.gov/countyclerk/